

<b>Case Number:</b>	CM14-0107544		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	06/21/2006
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	07/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 47-year-old male who reported an injury on 06/21/2006. The mechanism of injury was not submitted for clinical review. The diagnoses included bilateral shoulder osteoarthritis. The previous treatments included medication, shoulder injections. Diagnostic testing included an MRI. Within the clinical note dated 10/21/2013, it was reported the injured worker complains of numbness bilaterally that radiates down from his neck to his elbow. He complains of weakness and numbness at the elbow with pushing activities. He complains of pain that radiates into his upper extremities. The physical examination revealed global stiffness in all planes. The bilateral shoulders showed a strong positive Neer's and Hawkins impingement, positive O'Brien's testing. Forward flexion and abduction was noted to be at 110 degrees, and internal rotation to the sacroiliac joint bilaterally. The provider noted the injured worker had continuous radiculopathy and decreased strength as well as numbness. A request was submitted for Orthovisc injections to the bilateral shoulders due to advanced osteoarthritis in the shoulders. The Request for Authorization was submitted and dated on 10/29/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Orthovisc (viscosupplementation) x 6 for bilateral shoulders:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Worker's Compensation, Shoulder procedure summary 04/25/2014

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Hyaluronic acid injections

**Decision rationale:** The request for Orthovisc (viscosupplementation) x 6 for bilateral shoulders is not medically necessary. The Official Disability Guidelines do not recommend hyaluronic injections, also known as Orthovisc injections, based on recent research in the shoulder, plus several recent quality studies in the knee showing that the magnitude of improvement appears modest at best. The osteoarthritis recommendation was downgraded based on the recent research, plus recent research in the knee, the primary use of hyaluronic acid injections, which concludes that any clinical improvement attributed to hyaluronic acid injections was likely small and not clinically meaningful. The Official Disability Guidelines do not recommend utilizing Orthovisc injections for the shoulder, as there is no quality research showing meaningful use. Therefore, the request is not medically necessary.